BREWSTER VILLAGE
3300 W BREWSTER ST

APPLETON	54914	Phone: (920) 832-5400		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	204	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	204	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/04:	201	Average Daily Census:	203

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%	
Home Health Care No		Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	18.9	
Supp. Home Care-Personal Care	No					1 - 4 Years	34.8	
Supp. Home Care-Household Services No		Developmental Disabilities	10.9	Under 65	25.9	More Than 4 Years	46.3	
Day Services	No	Mental Illness (Org./Psy)	36.8	65 - 74	16.9			
Respite Care	No	Mental Illness (Other)	19.4	75 - 84	31.8		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	22.4	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	3.0	Full-Time Equivalent		
Congregate Meals No		Cancer	2.5			- Nursing Staff per 100 Residen		
Home Delivered Meals	No	Fractures	2.5		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	3.0	65 & Over	74.1			
Transportation	No	Cerebrovascular	6.0			RNs	15.3	
Referral Service	No	Diabetes	1.0	Gender	왕	LPNs	1.2	
Other Services	No	Respiratory	1.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	15.4	Male	40.3	Aides, & Orderlies	53.2	
Mentally Ill	Yes			Female	59.7			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	Yes			İ	100.0	İ		
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Method of Reimbursement

		Medicare			edicaid itle 19			Other		1	Private Pay	<u>:</u>		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	6	3.7	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	3.0
Skilled Care	2	100.0	285	124	76.1	129	0	0.0	0	35	97.2	185	0	0.0	0	0	0.0	0	161	80.1
Intermediate				10	6.1	108	0	0.0	0	1	2.8	185	0	0.0	0	0	0.0	0	11	5.5
Limited Care				1	0.6	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.5
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				22	13.5	188	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	22	10.9
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		163	100.0		0	0.0		36	100.0		0	0.0		0	0.0		201	100.0

BREWSTER VILLAGE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					0.27 1'		
					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of		Number of
Private Home/No Home Health	30.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	8.7	Bathing	2.5		64.7	32.8	201
Other Nursing Homes	10.9	Dressing	17.9		56.2	25.9	201
Acute Care Hospitals	39.1	Transferring	44.3		36.8	18.9	201
Psych. HospMR/DD Facilities	0.0	Toilet Use	29.4		44.3	26.4	201
Rehabilitation Hospitals	0.0	Eating	53.2		31.8	14.9	201
Other Locations	10.9	******	******	*****	* * * * * * * * * * * * * * * * *	******	******
Total Number of Admissions	46	Continence		8	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.0	Receiving Resp	iratory Care	3.5
Private Home/No Home Health	10.6	Occ/Freq. Incontiner	nt of Bladder	59.7	Receiving Trac	heostomy Care	0.5
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	34.3	Receiving Suct	ioning	0.5
Other Nursing Homes	0.0	_			Receiving Osto	my Care	2.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	2.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.5	Receiving Mech	anically Altered Diets	26.9
Rehabilitation Hospitals	0.0				5	•	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	89.4	With Pressure Sores		3.0	Have Advance D	irectives	91.0
otal Number of Discharges		With Rashes		8.5	Medications		
(Including Deaths)	47			0.5	Receiving Psyc	hoactive Drugs	72.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Gov	ernment	2	00+	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.5	93.1	1.07	97.9	1.02	90.5	1.10	88.8	1.12
Current Residents from In-County	77.1	86.2	0.89	83.3	0.93	82.4	0.94	77.4	1.00
Admissions from In-County, Still Residing	71.7	33.0	2.17	26.7	2.68	20.0	3.59	19.4	3.70
Admissions/Average Daily Census	22.7	79.1	0.29	76.8	0.29	156.2	0.15	146.5	0.15
Discharges/Average Daily Census	23.2	78.7	0.29	87.5	0.26	158.4	0.15	148.0	0.16
Discharges To Private Residence/Average Daily Census	2.5	29.9	0.08	34.1	0.07	72.4	0.03	66.9	0.04
Residents Receiving Skilled Care	83.1	89.7	0.93	87.3	0.95	94.7	0.88	89.9	0.92
Residents Aged 65 and Older	74.1	84.0	0.88	86.6	0.86	91.8	0.81	87.9	0.84
Title 19 (Medicaid) Funded Residents	81.1	73.3	1.11	72.7	1.12	62.7	1.29	66.1	1.23
Private Pay Funded Residents	17.9	18.3	0.98	19.2	0.93	23.3	0.77	20.6	0.87
Developmentally Disabled Residents	10.9	2.7	4.08	2.7	4.13	1.1	9.76	6.0	1.81
Mentally Ill Residents	56.2	53.0	1.06	49.5	1.14	37.3	1.51	33.6	1.67
General Medical Service Residents	15.4	18.6	0.83	20.2	0.76	20.4	0.76	21.1	0.73
Impaired ADL (Mean)	47.3	47.5	1.00	50.0	0.95	48.8	0.97	49.4	0.96
Psychological Problems	72.1	69.4	1.04	65.9	1.09	59.4	1.21	57.7	1.25
Nursing Care Required (Mean)	5.8	7.4	0.79	8.0	0.73	6.9	0.85	7.4	0.79